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	Application Number		RECEIVED		
	Filing Date	December 9, 2003		CENTRAL FAX CEN	
TRANSMITTAL	First Named Inventor	Ribeiro, Cla	Ribeiro, Claudio NNV 3 n %		
FORM	Group Art Unit	4608			
(to be used for all correspondence after initial filing)	Examiner Name	Lee, John J	-		
Total Number of Pages in this Submission 22	Attorney Docket Number	CS23471RI			
	ENCLOSURES		(check al	ll that apply)	
X Fee Transmittal Form	Drawing(s)		After All	owance Communication to a	
Fee Attached	Licensing-Related par	of Appeals and Interferences			
X Amendment/Reply	- =				
X Amendment/Reply	Petition Appeal Communication to TC [Appeal Notice, Brief, Reply Brief)				
After Final	Petition to Convert to a Provisional Application	Proprietary Information			
Affidavits/Declaration(s)			Status L	etter with appropriate copies	
X Extension of Time Request	Power of Attorney, Revo		C Other Fo	closure(s) (please identify below)	
		Address     )	4-page (	Declaration Under 37 C.F.R.	
Express Abandonment Request	Terminal Disclaimer		§ 1.131 2-page Assignment (Appendix I)		
			4-page I	Redacted Disclosure	
Information Disclosure Statement	Request for Refund		(Append	iix iij	
Certified Copy of Priority Documents	CD, Number of CDs				
Response to Missing Parts/	Remarks				
Incomplete Application	Remarks				
Response to Missing Parts					
Under 37 CFR 1.52 or 1.53	OF ADDITIONAL AFTER				
Firm or Signature	OF APPLICANT, ATTOR	NEY, OR AGE	ENT		
ndividual David S. Noskowicz		Registr	ation No.	55,503	
		•	<del></del>	.1	
Signature	John Johnson V				
late			3003 VOL: 04-		
CERT	FICATE OF TRANSMISSIO	DN/MAILING			
hereby certify that this correspondence	is being facsimile transmit	ted to the USP	TO to fac	simile number	
<u>571-273-8300</u> or deposited with the Unit	ed States Postal Service w	ith sufficient p	ostade as	first class mail in an	
envelope addressed to: Commissioner for Typed or printed name David S. Noskow	or Matents, Alexandria, VA	22313 on the	date listed	below:	
Typod of philited Hallie David S. NOSKOW	TOR THE PARTY OF T				
Signature		, ,	Date 3		
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